Diabetes may be described as a disease of glucose intolerance: high blood glucose is both the characteristic indicator and the cause of complications.

The loss of control of glucose metabolism is what makes a low carbohydrate diet a good therapeutic approach, and it’s why I’m astonished that experts encourage people with diabetes to eat carbohydrates and then “cover” them with insulin [1].

I am also surprised to hear negative reactions to carbohydrate restriction from people who have actually seen the beneficial effects of my personal rebuttal to Hope Warshaw’s recent article, “Why You Don’t Want to Go Low Carb or Vegan,” April/May 2007.

Ms. Warshaw’s argument is that “avoiding carbohydrate, as some low carb diets suggest, does not entirely return blood glucose to normal.” Even the American Diabetes Association acknowledges that “meal plans that include carbohydrate work as well as insulin in maintaining normal blood glucose levels.” Ms. Warshaw goes on to say, “Second, an adequate amount of carbohydrate is an important component of a healthy eating pattern. There is no evidence that the insulin secreted by a healthy pancreas is harmful. In any case, ingesting carbohydrate raises blood glucose.

Ms. Warshaw goes on to say, “Second, an adequate amount of carbohydrate is an important component of a healthy eating pattern. There is no evidence that the insulin secreted by a healthy pancreas is harmful. In any case, ingesting carbohydrate raises blood glucose.

At the 2004 Brooklyn conference on the Nutritional and Metabolic Effects of Low Carbohydrate Diets, William Yancy, Jr., M.D., of Duke University Medical Center, stated, “I believe that doctors should not put diabetic patients on a low carbohydrate diet without first reducing their medication.” Of course, if you are taking medication, you should reduce carbohydrates only with medical supervision. It strikes me as odd that what most experts know about metabolism - diabetes is, after all, a metabolic disease - they don’t tell you. It is true that your brain needs glucose, but glucose can be supplied by the process of gluconeogenesis.

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Low Carbohydrate Diets

Figure 1A. Macronutrient consumption during the diabetes epidemic. Data from National Health and Nutrition Examination Surveys.

So what is Ms. Warshaw's complaint? Well, she points out that "studies that compare low carb diets to conventional diets ... ([3]). But studies of low carb diets that last longer than six months do not show significantly more weight loss."

Something's wrong here. Because low carb diets do the same as traditional diets after one year, they...
Low Carbohydrate Diets

Figure 2. Results at 6 months and 1 year for a multicenter study in which obese men and women were assigned at random to a low-carbohydrate diet or a conventional low-fat diet. Data from reference [3]. Reference [3] is important for showing the general health benefits of low carb diets even when a diet is not strictly low in carbohydrates.

I don't know of any study on any other diet that shows such good effects on controlling glucose and insulin without medication. If we had been describing a drug, everybody would have rushed out to buy stock in our pharmaceutical company.
Ms. Warshaw's complaint is that these studies "show that many study subjects drop out of the study and are unable to ... compliance rather than to dissuade people from a strategy that actually works for the many people who follow it?

You might want to think twice before you let Ms Warshaw tell you what you don't want to do. "You'll have type 2 diabetes ... for example, D-solutions (http://www.dsolve.com/) and Dr. Richard Bernstein's forum (http://www.diabetes-book.com/).

I am most concerned that if Ms. Warshaw really had something positive to offer, she wouldn't need to dissuade people from making their personal choice. Candy followed by insulin is not good enough.

5. JS Volek, RD Feinman: Carbohydrate restriction improves the features of Metabolic Syndrome.